

NOTICE OF RELEASE REQUEST

If you wish to be notified upon the expiration of an inmate's sentence, please complete the following form.

INMATE INFORMATION

Inmate Name:	Institutional Number:
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VICTIM INFORMATION*

Name:	Phone #:	
Relationship to victim (self, parent, sibling, etc):		
Address:		
City:	State:	Zip:
Name:	Phone #:	
Relationship to victim (self, parent, sibling, etc):		
Address:		
City:	State:	Zip:
Name:	Phone #:	
Relationship to victim (self, parent, sibling, etc):		
Address:		
City:	State:	Zip:

*Victim means an individual who suffers direct or threatened physical, financial, or emotional harm as a result of the commission of a crime classified as stalking, unlawful imprisonment, use of a minor in a sexual performance, unlawful transaction with a minor in the first degree, terroristic threatening, menacing, harassing communications, intimidating a witness, criminal homicide, robbery, rape, assault, sodomy, kidnapping, burglary in the first or second degree, sexual abuse, wanton endangerment, criminal abuse, or incest.

Visit our website at <https://corrections.ky.gov/Victim-Services/Pages/default.aspx> for a complete listing of Kentucky statutes related to victim rights and services provided by the Victim Services Branch.

Please send the completed form to:
Kentucky Department of Corrections
Victim Services Branch
P.O. Box 2400
Frankfort, KY 40602-2400
Phone #: 502-564-5061

